

TRANSFERRING STUDENT ATHLETIC ELIGIBILITY FORM

This form must be completed as part of the registration process by the parent/guardian of any student who enrolls in high school after the first day of Grade 9.

THE FRONT PAGE TO BE COMPLETED BY PARENT/GUARDIAN

<input type="checkbox"/> ETHS
<input type="checkbox"/> LHHS
<input type="checkbox"/> MVHS
<input type="checkbox"/> THHS

Student Name _____ Birth Date _____ Grade _____
Last First Middle

Address _____
Street City Zip

Home Phone _____ Work Phone _____ Cell Phone _____

School(s) attended in the last 12 months

Name of School City State

Name of School City State

Foreign Student

Name of Foreign Exchange Program: _____

Local Representative's Name: _____ Phone: _____

Other Arrangements if not under approved program (relative, friend, other) _____

Purpose for coming to the USA: _____

Athletic Participation

Check one of the following: Did not participate in sports (Any Level) last 12 months

Student participated in Sports (Any Level) last 12 months (indicated sport & level

Fall _____ Winter _____ Spring _____

Frosh/Soph JV Varsity Frosh/Soph JV Varsity Frosh/Soph JV Varsity

Residency

For the last 12 months the student resided with:	Student presently resides with:
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Both Parents
<input type="checkbox"/> Father	<input type="checkbox"/> Father
<input type="checkbox"/> Mother	<input type="checkbox"/> Mother
<input type="checkbox"/> Guardian	<input type="checkbox"/> Guardian

Previous 12 month address

Current Address

Status of previous residence (i.e., vacant, sold, rented, etc.) _____

This certifies that the above information is accurate _____
Signature Date

